
INTER-FACILITY TRANSPORT

PURPOSE

To identify patient care responsibilities for EMT-I and EMT-Ps during inter-facility transports

AUTHORITY

Title 22, Division 2.5, Sections 1797.214, 1798.170, and 1798.172 of the California Health and Safety Code

BLS POLICY

During an inter-facility an EMT-I or supervised EMT-I student may monitor the following during an inter-facility transport if the patient is non-critical and deemed stable by the transferring physician and the physician has approved transport via BLS ambulance:

1. Monitor a saline lock or peripheral lines delivering fluids in any combination/concentration of Normal Saline, Lactated Ringers, Isolyte or Isolyte M or Dextrose and Water provided the following conditions are met.
 - a. No medications have been added to the IV fluid.
 - b. Maintain the IV at a pre-set rate.
 - c. Check tubing for kinks and reposition arm if necessary.
 - d. Turn off IV fluid if signs/symptoms of infiltration occur.
 - e. Control any bleeding at insertion site.
2. Transport a patient with a Foley catheter provided:
 - a. The catheter is able to drain freely.
 - b. No action is taken to impede flow or contents of drainage collection bag.
3. Transport a patient with a nasogastric or gastrostomy tube provided:
 - a. The tube is clamped
 - b. All patients who have received fluids prior to transport are transferred in a semifowler position to prevent aspiration, unless contraindicated.
4. If the patient's condition deteriorates, the patient should be transported to the closest receiving hospital.

ALS POLICY

During an inter-facility transport, an ICEMA Accredited EMT-P or supervised EMT-P intern may:

1. Monitor peripheral lines delivering fluids in any combination/concentration of normal saline, lactated ringers, isolyte or isolyte M or dextrose and water provided the following conditions are met:
 - a. A written order by the transferring physician is provided to the transporting ALS ambulance.
 - b. No medications will be added to the intravenous fluids by the EMT-P during transport except under direction of the Base Hospital or under radio communication failure.
2. Transport intravenous solutions with added medication (s) as follows:
 - a. Lidocaine
 - b. Dopamine
 - c. Procainamide
 - d. Magnesium Sulfate
 - e. Pitocin (if trained)
3. Monitor and administer medications through a pre-existing vascular access
4. Monitor heparin lock or saline lock

5. Monitor IV solutions containing potassium $\leq 40\text{mEq/L}$
6. Monitor thoracostomy tubes to water sealed drainage
7. Monitor nasogastric tubes
8. Contact assigned Base Hospital per Protocol Reference #14009 Radio Communication if patient condition deteriorates enroute.

APPROVED:**ON FILE**

ICEMA Medical Director Date**ON FILE****ON FILE**

San Bernardino Co. Health Officer Date

Inyo Co. Health Officer Date**ON FILE****ON FILE**

Mono Co. Health Officer Date

ICEMA Executive Director Date